FILED
Jun 16, 2003 8:00 am
Secretary of State
03-12-2003 90113 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000058107

1. Entity Name
SUNRICE OF SOUTH FLORIDA, INC.

55048380

Principal Place of Business	Mailing Address
2900 SW 62ND AVENUE MIAMI FL 33155	2900 SW 62ND AVENUE MIAMI FL 33155

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
14041 SW 84 St	14041 SW 84 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI - FLORIDA	City & State: MIAMI - FLORIDA
Zip: 33183 Country: USA	Zip: 33183 Country: USA

4. FEI Number: 01-0702257 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESCOBAL, RAQUEL 2520 NW 97 AVE SUITE 230 MIAMI FL 33172	Name: RAMIREZ, HERNAN F Street Address (P.O. Box Number is Not Acceptable): 14041 SW 84 St City: MIAMI FL Zip Code: 33183

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: HERNAN RAMIREZ [signature] 11/3/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ ARANGO, HERNAN F 2900 SW 62ND AVENUE MIAMI FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLEGAS ROJAS, CLAUDIA P 2900 SW 62ND AVENUE MIAMI FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] APRIL 25/03 (305) 4084552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #